## L140001890560

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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Amend

JAN 1 1 2020 I ALBRITTON

## **COVER LETTER**

TO: Registration Se Division of Cor			
Pirates Bay SUBJECT:	Printing LL C		
30b0EC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anita Camacho		
		Name of Person	
	Anita's Accounting Solution	ons, PLLC	
	<del></del>	Firm/Company	<del></del>
	3113 S Dale Mabry Hwy.	Ste A	
		Address	
	Tampa, FL 33629		
		City/State and Zip Code	
	Pirates@AnitasAccountings	Solutions.com to be used for future annual report notifi	cation)
For further information c	concerning this matter, please co	·	,
Anita Camacho, CPA	oncerning and maner, preuse e	813 748-7098	
	of Person	at () Area Code Daytime	Telephone Number
(vaine o	i i cisoi:	Area code Dayume	reseptione realises
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>ss:</u>	Street Address:	*

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pirates Bay Printing LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears of	on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number L14000189056  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	were filed on 12/05	/2014 Pand assumed			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	4817 S West Shore	: Blvd			
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33611				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33629	y Hwy Ste A			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, enter the name of the new registere			
Name of New Registered Agent: Anita's Account	nting Solutions, PLLC				
New Registered Office Address: 3113 S Dale N	New Registered Office Address: 3113 S Dale Mabry Hwy Ste A				
	Enter Florido	street address			
Tampa		, Florida 33629			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent					

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Eric Lund	4817 S West Shore Blvd	
		Tampa, FL 33611	□Remove
			□Add
			Remove
			Change
			DAdd
			□Remove
			Change
			□Add
			Remove
			□Change
			Remove
			Change
			Remove
			□Change

OLD	FEIN_	47-6	2653	914	<del></del>
COFFE	CTEDF	EIN	84-2	96091	2
	<del></del>				
			<u> </u>	<u></u> .	<u> </u>
		12/01/2010			
fective date, if other in effective date is listed, the ote: If the date inserted cument's effective date	e date must be specific in this block does no	and cannot be prior to t meet the applica	o date of filing or mor ble statutory filing	(options than 90 days after file requirements, this days	ng.) Pursuant to 605.020
ecord specifies a delaye is filed.	d effective date, but i	not an effective tir	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after th
12/01		2019	_·		

Filing Fee: \$25.00